



PEACE OFFICER STANDARDS & TRAINING

EMERGENCY TELECOMMUNICATOR AGENCY ROSTER

Name of Department \_\_\_\_\_ Phone # \_\_\_\_\_
Department's Address \_\_\_\_\_ Fax # \_\_\_\_\_
Post Office Box/Street Number City/State Zip
Department's E-mail \_\_\_\_\_

Please complete and sign the following roster for emergency telecommunicators only and return to the address listed at the bottom of this page.

Table with 5 columns: Name (Last, First Middle), Last Four of Social Security Number, Position or Rank, Date of Employment (Month / Day / Year), BETST Certificate #

WARNING: MCA § 97-7-10 "Fraudulent Statements and Representations" provides for severe penalties for misrepresentations or fraudulent statements to a board. This statute authorizes a fine of up to \$10,000 and a jail sentence of up to 5 years.

AFFIDAVIT

I swear or affirm that this list is a complete and exhaustive list of all emergency telecommunicators as defined by Mississippi Code as Annotated § 19-5-303 who are currently employed by my organization.

Signature of Agency/Department Head

Date Signed

## INSTRUCTIONS

**An emergency telecommunicator is defined as any person that is engaged in or employed as a telecommunications operator by any public safety, fire, emergency medical agency, public or private entity or business, company or corporation whose primary responsibility is the receipt or processing of calls for emergency services and who receives or disseminates information relative to emergency assistance by telephone or radio for an average of eight hours or more per month.**

**This form is to be completed by the employing agency/department and returned to this office within thirty days of receipt. Make as many copies of this form as needed. You may use your own computer generated form(s) only if it contains all the information that is requested on this form.**

1. When completing this form type or print in ink.
2. Type the name of the employing agency/department and the phone number.
3. Enter the department's mailing address and the department's fax number (if applicable).
4. Enter N/A in the first space under Name if your department does not employ anyone who would be considered an emergency telecommunicator and return the form to the address listed below.
5. Record each emergency telecommunicator's full name (last, first and middle names), last four of social security number, position or rank, date of employment as an emergency telecommunicator (month/day/year) and his/her certificate number found in the bottom left hand corner of the Board of Emergency Telecommunications Standards and Training (BETST) Professional Certificate. If the telecommunicator has not yet been certified by BETST, then leave blank.
6. This form must be signed and dated by the head of the agency, or the form must be signed and dated by someone with the authority to do so. If the later is the case, then we must have a letter, on file at this office, stating specifically who has such authority. This letter will have to be authorized by the head of the agency.
7. Once completed, signed and dated, return to the address below.

Mississippi Department of Public Safety/  
Division of Public Safety Planning/  
**Office of Standards and Training**  
1025 Northpark Drive  
Ridgeland, MS 39157

Telephone (601) 977-3777 ; Facsimile - (601) 977-3773